

LI1000117522

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

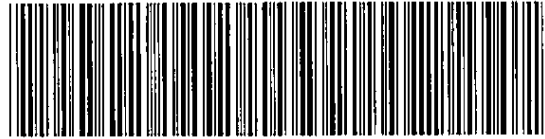
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED
DEPARTMENT OF STATE
19 MAY 15 12:49

APPROVED
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2019 MAY 15 AM 8:39
STATE DEPARTMENT OF STATE
1411 MARKET STREET
PHILADELPHIA PA 19102

T GLASS

MAY 16 2019

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

NOVOSIBIRXK 3508 LLC

- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ___ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ Art. of Amend. File _____
- ___ RA Resignation _____
- ___ Dissolution / Withdrawal _____
- ___ Annual Report / Reinstatement _____
- ___ Cert. Copy _____
- ___ Photo Copy _____
- ___ Certificate of Good Standing _____
- ___ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
- ___ Officer Search _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____

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Signature _____

Requested by: _____

Name _____ Date _____ Time _____

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: NOVOSIBIRXK 3508 LLC

SECOND: The Florida Document Number of the limited liability company is: L11000117522

THIRD: The street address of the limited liability company's principal office is:
848 BRICKELL AVENUE
SUITE 900
MIAMI, FLORIDA 33131

The mailing address of the limited liability company's principal office is:

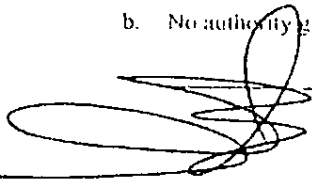
FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company,
a. Granted to: MAURICIO CELIC

b. No authority granted to: _____

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company,
a. Granted to: _____

b. No authority granted to: _____



Signature of authorized representative

MARIA DEL CARMEN RAQUEL BERNAL MARTINEZ

Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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AND
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